

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request:	8/11/04	2 Serial/Patent #	10/781,016
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
<input checked="" type="checkbox"/> Filing			\$
<input type="checkbox"/> Amendment			\$
<input type="checkbox"/> Extension of Time			\$
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input checked="" type="checkbox"/> Petition		7/16/04	\$ 130
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$
		7 TOTAL AMOUNT OF REFUND	\$ 130
8 TO BE REFUNDED BY:			
<input type="checkbox"/> 10 REASON:		Treasury Check	
<input type="checkbox"/> Overpayment	<input checked="" type="checkbox"/>	Credit Deposit A/C #:	
<input type="checkbox"/> Duplicate Payment		9 04-1121	
<input checked="" type="checkbox"/> No Fee Due (Explanation):		Postcard proves allegedly omitted drugs were here on day 1. Refund pet fee	
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: <u>E Shirene Willis</u>		TITLE: <u>Pat Attny</u>	
SIGNATURE: <u>E Shirene Willis</u>		PHONE: <u>308-6712</u>	
OFFICE: <u>Office of Petitions</u>			
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****			
APPROVED: <u>Willie</u>		DATE: <u>8/11/04</u>	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B